

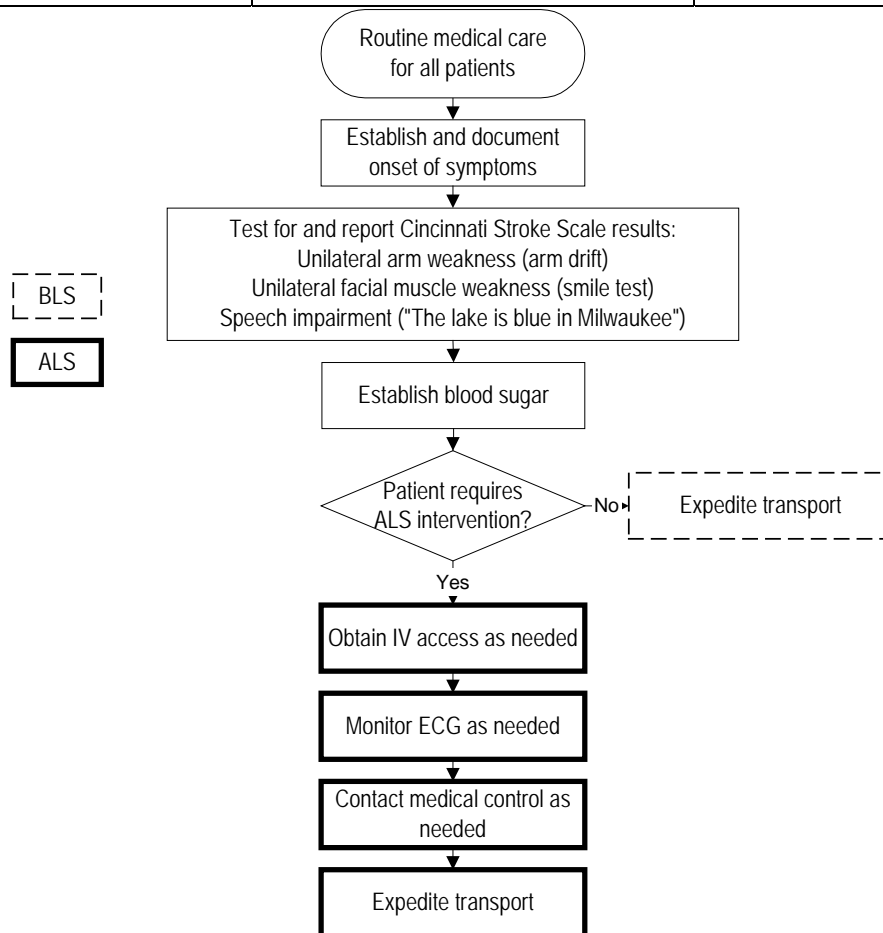
Initiated: 9/92
Reviewed/revised: 5/16/07
Revision: 4

**MILWAUKEE COUNTY EMS  
MEDICAL PROTOCOL  
CEREBROVASCULAR**

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Signature:
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**ACCIDENT/ TRANSIENT ISCHEMIC ATTACK (CVA/TIA)**

<b>History:</b>	<b>Signs/Symptoms:</b>	<b>Working Assessment:</b>
High blood pressure Cigarette smoking History of CVA or TIAs Heart Disease Diabetes mellitus Atrial fibrillation Medications (anticoagulants) Positive family history	Unilateral paralysis or weakness Numbness, weakness Facial droop Language disturbance Visual disturbance Monocular blindness Vertigo Headache Seizures	CVA or TIA  <i>Consider other causes:</i> Hypoglycemia Seizure disorder Trauma Ingestion



**NOTES:**

- Report to receiving hospital should include positive *and* negative results for Cincinnati Stroke Scale, addressing all three areas. Take precautions to avoid accidental injury to paralyzed extremities during patient movement.
- If time of symptom onset is well established as less than three hours, ***total scene time should be less than ten minutes***. Patients may be candidates for aggressive stroke intervention treatments.